

Annexure 2 B-

Know Your Depositor (KYD) Application Form for Partnership Firm- NCCL Format

Please affix recent passport size photograph and sign across it	Please affix recent passport size photograph and sign across it
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Please fill this form in **ENGLISH** and in **BLOCK LETTERS**.

A. IDENTITY DETAILS

Name of the Applicant: - _____

PAN No. of Firm (attach self-attested copy of PAN Card)- _____

WHETHER PARTNERSHIP FIRM: - Registered Unregistered

NAME OF ALL PARTNERS:- *(In case of more than four partners, attach an Annexure with names of all partners)*

1. _____ 2. _____

3. _____ 4. _____

NAME OF AUTHORISED SIGNATORY (Any two Authorized signatory)

1. _____ 2. _____

PROOF OF IDENTITY OF 1st AUTHORISED SIGNATORY (ANY ONE- self-attested copy).

PAN Driving License Voter Id Passport

PROOF OF IDENTITY OF 2nd AUTHORISED SIGNATORY (ANY ONE- self-attested copy)

PAN Driving License Voter Id Passport

B. ADDRESS DETAILS

Address for correspondence: - _____

City/District/Village: - _____ State: - _____

Country: - _____ Pin Code: - _____

National Collateral Management Services Ltd.
Unit no: 505 to 509, 5th floor, Lodha Supremus, Off JVLR, Kanjurmarg (East), Mumbai-400042, MH
Tel.: (9122) 40419191, Customer Grievance Cell helpline number (0124) 4338200
Email ID: services@ncml.com, askus@ncml.com

Registered Address (If different from above): - _____

City/District/Village: - _____ State: _____

Country: - _____ Pin Code: - _____

PROOF OF ADDRESS OF THE FIRM (Any one self-attested copy is to be attached)

Bank Passbook Electricity/Water/Telephone Bill

C. CONTACT DETAILS

Tel. (Off.): - _____ Tel. (Res.): - _____ Mobile No.: - _____

Email Id: - _____

D. BANK ACCOUNT(S) DETAILS (Copy of Cancelled Cheque to be attached)

Bank Name	Branch address	Bank account no.	Account Type: Saving/Current/Others

E. REPOSITORY ACCOUNT DETAILS (If the depositor has a repository account with NERL) (Attach self-attested CML copy issued by repository bearing name of the depositor)

Repository Participant Name	Beneficiary Name	Repository Participant ID	Beneficiary ID

F. NCDEX TRADING DETAILS OF DEPOSITOR IF THE DEPOSITOR HAS REGISTERED HIMSELF AS A PARTICIPANT OF NCDEX:

Client Code (UCC): - _____ Member ID: - _____

Member Name: - _____

G. GOODS AND SERVICES TAX (GST) REGISTRATION DETAILS:

State: - _____ Depositor GST No.: - _____

Principal GST No.: - _____

(Note: In case of operation in any other States than mentioned above, please provide GST Registration details of all other States as a separate Annexure to this Application along with self-attested copy of GST Registration certificate.)

H. OTHER DETAILS:

1. Past Regulatory Action:

Details of any action/proceedings initiated/pending/ taken by FMC/SEBI / Recognized Stock exchange / Clearing Corporation/ WDRA/RBI//any other authority against the client during the last 3 years

Yes No

2. Self-Attested copy of the following documents is to be submitted by the Depositor along with this Application (It is MANDATORY to submit all of the following documents as may be applicable)

a) Self-attested copy of the GST Registration Certificate for the States in which the Depositor Principal is registered. Yes No

b) Self-attested copy of valid Mandi license / APMC license. Yes No

c) An self-attested copy of the Registration Certificate of the firm as issued by the local authorities where the firm is registered shall be submitted Yes No

d) Latest partnership deed Yes No

DECLARATION CUM UNDERTAKING

1. I/We hereby declare that the details furnished above are true and correct and I/We also undertake to inform the Clearing Corporation/ Exchange and the Warehouse of any changes therein, immediately. I/We further undertake that the information that would require to be submitted with respect all my/our transactions to be executed on the Clearing Corporation/ Exchange platform shall be true and correct in all the aspects. In case any of the information submitted by me/us in this Application or during the course of my/our transaction is found to be false or untrue or misleading or misrepresenting, I/We shall be held liable and solely responsible for any consequences therein.
2. I/We hereby confirm having understood the details submitted by me/us in this Application and I/We have submitted the same after proper understanding of the requirements therein.
3. I/We hereby declare and undertake to comply with the requirements of the Repository and the Warehousing Development Regulatory Authority (WDRA) while dealing and transacting with the Repository.
4. I/We hereby declare and undertake to agree and abide by various Central and State laws including the prevailing Tax laws, Goods and Services Tax(GST), Essential Commodities Act, Food Safety and Standards Act and other Acts, Rules, Regulations, notification/orders and guidelines as may be applicable to the goods from time to time. I/We understand that in the event of any failure on my/our part to comply with the requirements with respect to stock limits prescribed under the Essential commodities Act, the Clearing Corporation /Exchange or the Warehouse/s shall be at liberty to comply with any such directions as issued by the relevant authority and in such an event I/We undertake to keep the Clearing Corporation /Exchange and the Warehouse/s indemnified and harmless against any claims/losses whatsoever including but not limited to direct or indirect, special, incidental, or consequential

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damages, losses or expenses arising on account of my/our non-compliance of any Central and State laws as applicable to the said goods arising thereof from such actions of the Clearing Corporation /Exchange or the Warehouse/s .

5. I/We understand that the goods deposited/to be deposited/Delivered by me/us in the approved Warehouse/s of the Clearing Corporation/ Exchange are required to meet all statutory requirements under the law besides meeting the Exchange quality specifications. I/We further undertakes that I/We will/shall not violate any statutory requirement or compliances applicable to the goods deposited/Delivered by me/us.
6. I/We understand that by virtue of depositing the goods in the Approved Warehouses I/We shall at all times be liable for any action as may be applicable for any violations of the Rules, Bye-laws and Regulations, Circulars, Guidelines and the directives of the Clearing Corporation / Exchange or the Board as the case may be as notified from time to time and declare and undertake to abide by the Rules, Bye-laws and Regulations, Circulars, Guidelines and the directives of the Clearing Corporation /Exchange or the Board at all times.
7. I/We hereby confirm that the goods to be deposited by me/us shall not be goods whose Exchange Deliverable Date (EDD) has ceased and the goods are not EDD goods from any other approved Warehouses of Clearing Corporation. I/We further agree and understand the directions of storage of goods and its removal from the approved Warehouses as notified by the Clearing Corporation /Exchange or the Regulatory authorities shall be binding on me/us. I/We further understand and agree that the Clearing Corporation /Exchange has the right to issue suitable directions to the Warehouses to take necessary actions against the depositors for removal of EDD goods from the approved Warehouses including liquidation of such stocks by way of auction or otherwise as may be prescribed by the Clearing Corporation / Exchange/ SEBI/ WDRA from time to time and if such action is taken by the Clearing Corporation / Exchange or the Warehouse, I/We shall be solely responsible and liable for any consequences thereof including being liable for such costs as may be incurred by the Clearing Corporation /Exchange or the Warehouse/Warehouse Service Provider (WSP).
8. I/We hereby declare that the goods deposited/to be deposited/delivered by me/us shall be merchandisable goods under the Sale of Goods Act. I/We further understand and agree that in case any of the goods deposited/delivered by me/us are found to be Non Merchandisable goods by the Clearing Corporation/ Exchange or the Warehouse, then in such an event, I/We shall forthwith without demur replace the entire quantity of such Non- Merchandisable goods deposited/delivered by me/us or in-lieu shall make payment of the entire value of the goods along with the compensation as may be decided by the Clearing Corporation /Exchange and settle the dispute. I/We further declare, understand and agree that I/We shall not raise any dispute whatsoever with the Clearing Corporation /Exchange or the Warehouse or file any proceedings (Civil or Criminal) or otherwise against the Clearing Corporation /Exchange or the Warehouse for actions taken by the Clearing Corporation /Exchange in good faith to protect the interest of investors of the Commodity derivatives market.
9. I/We hereby declare and confirm that I/We shall not deposit/ deliver any goods which are encumbered and undertake to deposit/deliver goods free from all encumbrances whatsoever.
10. I/We hereby declare and confirm that the goods deposited and delivered by me/us shall bear a valid title and I/We shall be the valid and legal owner of such goods and



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I/We shall ensure to issue appropriate invoices as may be required for all my/our transactions.

11. I/We hereby declare and confirm that I/We shall ensure that no statutory dues or taxes/levies are outstanding in respect of the goods being deposited/delivered by me/us.

Place:

Date: Signature of Authorized Signatory and Stamp of the firm

FOR OFFICE USE ONLY

Documents Submitted verified: -

Check List for KYD Annexure 2 B (WSP to take self-attested copies from the Depositor)		
1.	PAN Card of Partnership Firm	
2.	Proof of Identity of Authorized Signatories of the Firm	
3.	Proof of Address of Firm	
4.	Cancelled Cheque of Firm	
5.	CML copy issued by Repository, If the depositor has a Repository Account	
6.	GST Registration Certificate of Firm	
7.	Mandi/APMC License of Firm	
8.	Details of Past Regulatory Action if Any	
9.	Self-attested copy of the Registration Certificate of the firm as issued by the local authorities	
10.	Latest Partnership Deed	

Name of the Employee / Warehouse Manager: - _____

Designation of the Employee / Warehouse Manager: - _____

KYD Reference No.(KRN) allotted: - _____

Place: -

Date: - Signature of the Employee / Warehouse Manager
(With Seal of the Warehouse / WSP)s